



# Program Overview Feedback Form

Date : \_\_\_\_\_ Grade Level: \_\_\_\_\_  
District: \_\_\_\_\_  
Building: \_\_\_\_\_  
Presenter: \_\_\_\_\_

Please complete and return to  
Attorney General staff at the end  
of the presentation.

1. What did you like best about the presentation?

5. Was the video useful and appropriate?  
*What is OK2SAY? Student PSA*

2. How can we improve the presentation?

***Please provide any other feedback or comments  
relating to the content of the program.***

3. Was the presenter well prepared and motivating?

- ☐ Yes    Comments:  
☐ No

4. Please rate your presenter.  
(1 = lowest; 5 = highest)

1          2          3          4          5

Name and Contact Information (optional):

**If you would like to provide additional  
feedback, please email us at: [agcp@mi.gov](mailto:agcp@mi.gov)**